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PTO/SB/21 (09-04)

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TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

Total Number of Pages in This Submission 6+

| | |
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| Application Number | 10/613,728 |
| Filing Date | 07-03-2003 |
| First Named Inventor | ROBBINS, JEFFREY A. |
| Art Unit | 1632 |
| Examiner Name | MONTANARI, DAVID A. |

Attorney Docket Number CHM02-GN053

| ENCLOSURES (Check all that apply) | | | |
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| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to TC | |
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| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) | |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information | |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter | |
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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---------------------------------|----------|--------|
| Firm Name | TAFT STETINIUS & HOLLISTER, LLP | | |
| Signature | | | |
| Printed name | RYAN L. WILLIS | | |
| Date | 02-01-2006 | Reg. No. | 48,787 |

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| Typed or printed name | SHARON A. SHELTON, PARALEGAL | Date | 02-01-2006 |

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2/1/2006

(Date)

Sharon A. Shelton

Sharon A. Shelton

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of:

Applicant : Robbins, Jeffrey A
Serial No. : 10/613,728
Filed On : 07/03/03
Title : A ROBUST, INDUCIBLE CARDIAC PREFERRED EXPRESSION
SYSTEM FOR TRANSGENESIS
Docket No. : CHM02 GN053
Examiner : Montanari, David A.
Art Unit : 1632

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313

Dear Sir:

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

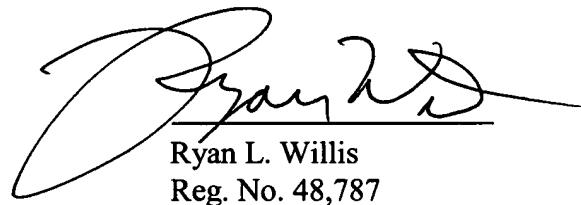
Pursuant to 37 C.F.R. § 1.97, the Examiner's attention is directed to the references listed on the attached Forms PTO-SB-08A and PTO-SB-08B. A copy of each of the foreign and non patent listed references is provided. Each item of information contained herein was first cited in a communication from a foreign patent office in a counterpart foreign application not more than

**Information Disclosure Statement
CHM02-GN053
Page 2**

three months prior to the filing of this information disclosure statement. Enclosed herewith is a copy of said communication, a Supplementary European Search Report corresponding to the above referenced application.

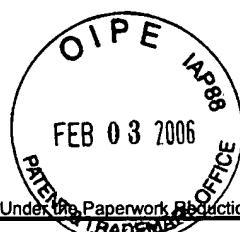
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Respectfully submitted,



Ryan L. Willis
Reg. No. 48,787

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Substitute for form 1449/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 2

| Complete if Known | |
|--------------------------|---------------------|
| Application Number | 10/613,728 |
| Filing Date | 07/03/03 |
| First Named Inventor | Robbins, Jeffrey A. |
| Art Unit | 1632 |
| Examiner Name | Montanari, David A. |
| Attorney Docket Number | CHM02 GN053 |

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

| Examiner Initials* | Cite No. ¹ | Foreign Patent Document | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear | T |
|--------------------|-----------------------|---|--------------------------------|--|---|---|
| | | Country Code ³ -Number ⁴ -Kind Code ⁵ (if known) | | | | |
| | | Supplementary EU Search Report | 12-23-2005 | Child Hosp MC | | |
| | | WO 00/78119 A | 12-28-2000 | Adv'd Research | Esp. SEQ ID NO:5 | |
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|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

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Sheet

of

2

Complete if Known

| | |
|------------------------|---------------------|
| Application Number | 10/613,728 |
| Filing Date | 07/03/03 |
| First Named Inventor | Robbins, Jeffrey A. |
| Art Unit | 1632 |
| Examiner Name | Montanari, David A |
| Attorney Docket Number | CHM02 GN053 |

NON-PATENT LITERATURE DOCUMENTS

| | | | |
|-----------------------|--|--------------------|--|
| Examiner Signature | | Date Considered | |
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